



**Community Development Department
Development Services Division**

12453 Highway 92,
Woodstock, GA 30188
Office: (770) 592-6054

www.woodstockga.gov
businesslicense@woodstockga.gov

Effective June 1, 2015

Prior to submitting an application for an Occupational Tax License within the City of Woodstock, please contact the Planning & Zoning department for zoning approval for your business type. A Business Registration Safety Inspection will be required prior to the issuance of the business license. This inspection will center on the correction of any immediate safety issues within the business space and will be conducted by both the Building and Fire Department.

Some things that will be included in these inspections will be checking for ADA compliance in accordance with the ADA Standards and 120-3-20 Georgia Law (ie: grab bars, signage, accessible mobility throughout the space), as well as any noticeable violations resulting from changes or modifications to the space or building since the original CO was issued that would constitute a safety hazard or concern for the occupants of the building and general public. The fire department will also be checking for any life safety issues and fire hazards within the space, which could include fire extinguishers, fire exits, or signage for example.

Please read and initial the following steps for application:

Step 1

_____ Provide to Development Services a completed application including a non-refundable \$55.00 admin and inspection fee. This fee will cover the initial inspection and a follow-up if needed. Should more than 2 inspections be needed, the business may be subject to an additional \$25.00 re-inspection fee. The application will include all necessary documentation for your business. The application will be reviewed by our planning and zoning department to ensure your intended business is in conformance with the zoning regulations for the City of Woodstock.

Step 2

_____ Once the zoning department has issued approval, you will be contacted by someone from our Development Services Department to schedule the necessary safety inspections on the business address. You will need to make sure that someone will be available to allow access to the location so the inspections can be completed. These inspections will be held on Tuesday mornings or Thursday afternoons. Failure to make the space available will delay the issuing of the license. In the event that there are violations, it will be the applicant's responsibility to correct these and notify the Development Services Department so a second inspection can be scheduled.

Step 3

_____ Once the application has all necessary inspections and approvals, we will be able to issue your Occupational Tax License. The final documentation that will be required will be an executed lease or purchase agreement. We will also request the occupation tax payment.

**PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS COMPLETED APPLICATION
INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED FOR REVIEW**

_____ COVER SHEET INITIALED IN ALL THREE STEPS TO BE SUBMITTED WITH COMPLETED PACKET

_____ APPLICANT'S DRIVER'S LICENSE, AND PERMANENT RESIDENT CARD IF APPLICABLE

_____ THE EXECUTED LEASE / RENTAL AGREEMENT (FOR UNOWNED PROPERTY) **MAY BE SUPPLIED AT
APPLICATION OR ONCE LICENSE IS APPROVED**

_____ BILL OF SALE / PROOF OF OWNERSHIP (FOR OWNED PROPERTY)

_____ CERTIFICATE OF ORGANIZATION OR ARTICLES OF INCORPORATION (FOR LLCs AND CORPORATIONS)

_____ VALID STATE ISSUED LICENSE (FOR PROFESSIONALS. SEE WOODSTOCK ORDINANCE SEC. 86-81)

_____ TRADE NAME CERTIFICATE (IF USING A DBA NAME)



City of Woodstock

Development Services Department
12453 Hwy 92 Woodstock GA 30188
Office: 770-592-6054
BusinessLicense@woodstockga.gov

Occupational Tax License Application

Type of License: ☐ New ☐ Change of Location (Requires a new application) ☐ Change of Ownership

Ownership Status: ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ LLC

Business Type: ☐ Standard Occupation ☐ Insurance Agency / Company ☐ Professional

Is the business a Massage Business? ☐ Yes ☐ No (If yes, a separate Massage Establishment License and Work Permits for each person employed are required)

When the license is complete, we will send to the following e-mail address:

_____ @ _____

Will there be any renovation to the business location? _____ **

*** Please note, if renovations are in process, the license will not be issued until an active building permit is issued for the work***

Target Opening Date in City: _____

Business Name: _____

DBA (if applicable): _____
(If using a DBA, a Trade Name Certificate must be provided)

Business Owner: _____

Property Owner: _____

Business Street Address: _____

City/State: Georgia Zip: _____ Business Phone #: _____

Mailing Address: _____

City / State / Zip: _____

Federal Tax ID: _____ GA Sales & Use #: _____

NAICS Code (may be obtained through NAICS.com): _____

Registered Agent of Business: _____

Primary Contact Name: _____

Primary Contact Phone: _____

Email Address: _____

Detailed Description of Business: _____

Code Compliance of Business:

****Please make sure all information is completed. If information is incomplete, application could be delayed or denied issuance****

Previous use of location: _____

Total Square Footage of the Space Owned or Leased for Business: _____

Number of Restrooms in the Building: _____ / Men's _____ Women's _____

Are the Restrooms ADA compliant? _____

How many parking spaces are dedicated to the business? _____

Does the Suite or site share parking spaces with other businesses? _____

Total Number of Employees? _____

****** Existing Building Change of Occupancy requires a new Certificate of Occupancy ******

As stated in Section 18-64, if any occupancy classification or zoning of any existing building or structure is changed, the building, plumbing, electrical, gas, and mechanical systems shall be made to conform to the intent of the construction codes as required by the Building Official.

A certificate of occupancy for any building may be obtained by applying to the building department and supplying the information and data necessary to determine compliance with the construction codes for the occupancy intended. Where necessary in the opinion of the Building Official, two sets of detailed drawings, a general inspection, or both may be required. When upon examination and inspection it is found that the building conforms to the provisions of the construction codes and other applicable laws and ordinances for such occupancy, a certificate of occupancy shall be issued.

Please contact the City of Woodstock's Building Department at **770-592-6036** if you have any questions or concerns about applying for a building permit and obtaining a certificate of occupancy (CO).



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, GA 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):

Mailing Address if Different from Physical Address:

Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:

If Your Business Is Required to Have One by Law:

Sales Tax ID# _____

Sales Tax Number: _____

Applicable North American Industry Classification System Code Number: Please list All NAICS

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The Failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 AND 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404)417-6581 or e-mail Derek.Todd@dor.ga.gov

Affidavit Verifying Status for a City Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Woodstock, Georgia Business License or Occupation Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for the City of Woodstock, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit for

_____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ **I am a United States citizen**

OR

2) _____ **I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, and lawfully present in the United States.***

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A §16-10-20.

Signature

Date

Print Name

*

Alien Registration number for non-citizens

Company Name_____

*Note: O.C.G.A. §50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C, as amended, provide their alien registration number because legal permanent residents are included in the federal definition of “alien,” legal permanent residents must also provide their alien registration number.

SUBSCRIBED AND SWORN

BEFORE ME ON THIS

_____ DAY OF _____, 20_____

Notary Public

My Commission Expires:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹

*****If you select Section 1(A), please fill out Section 2 and then execute below.**

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*****If you select Section 1(B), please skip Section 2 and execute below.**

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

¹To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or county in which they are based, working at least 35 hours a week.

SEAL

CALCULATION OF FEES:

Please select one (1) of the following occupation types for the proper fee calculation. For a helpful spreadsheet based fee calculator, visit www.woodstockga.gov/businesslicense, click on **Helpful Links/FAQs**, & click on **GROSS RECEIPTS CALCULATOR**. When using this tool, you must remember to add the \$25 inspection fee to total. Call for assistance.

☐ **STANDARD OCCUPATION**

All businesses will have a Business Class Number determined by the first four digits of the business's NAICS Code. Visit www.woodstockga.gov/businesslicense and click on **Helpful Links and FAQs** and then **Business Class List** for this list. For help with determining a NAICS code, visit www.naics.com/search. Once a Business Class Number is determined, the following tables and formula will aid in calculating the necessary fee.

Table 1	
Business Class Number	Class Factor
Class 1	.00010
Class 2	.00030
Class 3	.00035
Class 4	.00040
Class 5	.00045
Class 6	.00050
Class 7	.00055

Table 2	
Gross Receipt Brackets	Final Multiplier
\$0.00 - \$249,999.99	1.00
\$250,000.00 – \$499,999.99	1.05
\$500,000.00 – \$749,999.99	1.10
\$750,000.00 - \$999,999.99	1.15
\$1,000,000.00 - \$4,999,999.99	1.20
\$5,000,000.00 - \$9,999,999.99	1.25
\$10,000,000.00 and above	1.50

Line 1) Estimated Gross Receipt Amount through the End of the Year \$ _____

Line 2) Multiply Value of Line 1 by respective Class Factor in Table 1 \$ _____

Line 3) Multiply Value of Line 2 by respective Final Multiplier in Table 2 (min \$30) \$ _____

Line 4) Add \$55.00 Administrative/ Safety Inspection Fee to Value of Line 3 **TOTAL DUE:** \$ _____

****** Admin and inspection fee are non-refundable ******

☐ **PROFESSIONALS**

Number of Professionals _____ x \$300.00 **TOTAL DUE:** \$ _____

*See City of Woodstock Ordinance Sec. 86-81

☐ **Insurance Agencies/ Financial Company** **\$100.00 flat fee** **TOTAL DUE:** \$ _____

Regulatory Fee (see Fee Schedule) \$ _____

Revision Fee \$30.00 \$ _____

I hereby certify that the above stated information as well as supplemental attachments are true and correct under penalty of law as set forth by the City of Woodstock Occupation Tax Ordinance as now or hereafter amended.

Signature of Applicant Print Name Title Date

☐ NEW ☐ REVISION DATE RECEIVED: _____

☐ Call for pick up when ready ☐ Email when ready

Business Name: _____

Business Address: _____

Map/Parcel No: _____ **NAICS CODE:** _____

Date and Time of Safety Inspection _____

AMOUNT PAID _____

☐ CASH _____ ☐ CHECK # _____ ☐ CC TRANS # _____

ANY DEPARTMENT RECOMMENDING DENIAL OF THE APPLICATION MUST ATTACH WRITTEN JUSTIFICATION FOR DENIAL AND FORWARD APPLICATION TO THE OCCUPATIONAL TAX CLERK.

☐ Complete

_____ ☐ Approved ☐ Denied _____

Zoning Administration **Property Zoned** **Comments** **Date**

☐ Approved ☐ Denied

Fire Marshal's Office Comments Date

Building Official _____ ☐ **Approved** ☐ **Denied** _____
Comments _____ **Date** _____

_____ ☐ Approved ☐ Denied _____

Code Enforcement Officer **Square Footage** **Comments** **Date**

NOTES: _____